I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the plate shown below.

Dated: January 16, 2004

ignature:

Docket No.: 22956-225

(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Francois Binette et al.

Application No.: 10/657,516

Filed: September 8, 2003

For: CHONDROCYTE THERAPEUTIC

DELIVERY SYSTEM

Group Art Unit: 1623

Examiner: Not Yet Assigned

REQUEST FOR CORRECTED FILING RECEIPT

MS Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicant hereby requests a corrected filing receipt for this application to correct the name of residence of one of the Applicants' names as follows:

Under "Applicant(s)," the name of the second named Applicant, Story Brooks, is incorrectly listed;

The correct name for this Applicant should read:

Brooks Story.

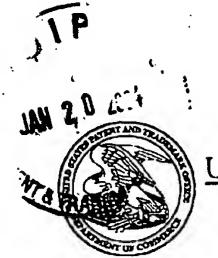
Applicant additionally requests that all pertinent U.S. Patent and Trademark Office records relating to the subject application be changed to reflect this correction.

A copy of the filing receipt showing the requested correction in red is attached, together with a Supplemental Application Data Sheet.

Dated: January 16, 2004

NUTTER MCCLENNEN & FISH LLP World Trade Center West 155 Seaport Boulevard Boston, Massachusetts 02210-2604 (617) 439-2766 (617) 310-9766 (Fax) Attorneys/Agents for Applicant Respectfully submitted,

William C. Geary III Registration No.: 31359





UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450

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CONFIRMATION NO. 7793

021125 NUTTER MCCLENNEN & FISH LLP WORLD TRADE CENTER WEST 155 SEAPORT BOULEVARD BOSTON, MA 02210-2604



DEC - 1 2003

Date Mailed: 11/26/2003

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Francois Binette, Weymouth, MA;
Story-Breeks, Franklin, MA;
Brooks Story

Domestic Priority data as claimed by applicant

Foreign Applications

If Required, Foreign Filing License Granted: 11/26/2003

Projected Publication Date: To Be Determined - pending completion of Missing Parts

(アルギスはいな) シオノカ、(会議に)

Non-Publication Request: No

Early Publication Request: No

Title

Chondrocyte therapeutic delivery system

Preliminary Class

LICENSE FOR FOREIGN FILING UNDER Title 35, United States Code, Section 184 Title 37, Code of Federal Regulations, 5.11 & 5.15

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